Major Donor and	!##		COMMITTEE STATE			
Independent Expenditure Comm Campaign Statement (Government Code Sections 84200-84216.5)	or print in ink.	Date Stamp	CALIFORNIA 461 FORM			
D. Amerikansk	Statement covers period	Date of election if applicable:	1	1/8		
☐ Amendment	from10/01/2017	(Month, Day,Year)		For Official Use Only		
SEE INSTRUCTIONS ON REVERSE	through12/31/2017	-				
1. Name and Address Of Filer		3. Summary		•		
NAME OF FILER (Include name(s) of all affiliated entities whose contrib UnitedHealthCare - Corporate - California Major	Donor	(Amounts may be rounded to what is a contact of the	ributions 00 or more	¢123600.00		
MAILING ADDRESS	(NO. AND STREET)	made this period. (Part 2. Unitemized expenditure		φ		
CITY	STATE ZIP CODE	contributions (including \$100 made this period.	loans) under	\$		
Washington RESPONSIBLE OFFICER (If filer is other than an individual)	DC 20004 AREA CODE/DAYTIME PHONE	3. Total expenditures and made this period. (Add		SUBTOTAL \$123600.00		
Susan Sherwood DC		Total expenditures and made from prior staten				
2. Nature and Interests of Filer (Com		amount from Line 5 of	•			
A FILER THAT IS AN INDIVIDUAL MUST LIST THE NAM OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME,	IE, ADDRESS, AND BUSINESS INTERESTS ADDRESS, AND NATURE OF THE BUSINESS	filed. If this is the first		¢ 119700.00		
NAME OF EMPLOYER/BUSINESS	BUSINESS INTERESTS	the calendar year, ente		\$119700.00		
		5. Total expenditures and (including loans) made				
ADDRESS OF EMPLOYER/BUSINESS		January 1 of the currer	nt calendar year.	TOTAL \$243300.00		
A FILER THAT IS A BUSINESS ENTITY MUST DESCRIBENGAGED	BE THE BUSINESS ACTIVITY IN WHICH IT IS	4. Verification	diliganas in proporio	a this statement. I have		
Health insurance and services industry		I have used all reasonable reviewed the statement ar				
A FILER THAT IS AN ASSOCIATION MUST PROVIDE A	SPECIFIC DESCRIPTION OF ITS INTERESTS	contained herein is true ar the laws of the State of Ca		under penalty of perjury under oing is true and correct.		
A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS ENT COMMON ECONOMIC INTEREST OF THE GROUP OR		Executed on		nerwood DC GNATURE OF INDIVIDUAL DONOR OR BLE OFFICER IF OTHER THAN AN INDIVIDUAL		

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AND
MAJOR DONOR COMMITTEE STATEMENT

Statem	nent covers period 10/01/2017	CALIFORNIA FORM	461
through	12/31/2017	2/8	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

UnitedHealthCare - Corporate - California Major Donor

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
12/22/2017	Tim Grayson for State Assembly 2018 Sacramento CA 95814 ID: 1392593 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		CA Asm. Tim Grayson State Assembly Person Assembly District Assembly District NO: 014 Support Oppose	3000.00	\$ 3000.00 Other \$ 0.00
12/22/2017	O'Donnell for Assembly 2018 Sacramento CA 95814 ID: 1393597 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		CA Asm. Patrick O'Donnell State Assembly Person Assembly District Assembly District NO: 070 Support Oppose	3000.00	\$ 3000.00 Other \$ 0.00
12/22/2017	Chad Mayes for Assembly 2018 Sacramento CA 95814 ID: 1392882 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		CA Asm. Chad Mayes State Assembly Person Assembly District Assembly District NO: 042 Support Oppose	3000.00	\$ 3000.00 Other \$ 0.00
12/22/2017	Wilk for Senate 2020 San Diego CA 92119 ID: 139282 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		CA Sen. Scott Wilk State Senator Senate District Senate District NO: 021 Support Oppose	1700.00	\$ 1700.00 Other \$ 0.00
SUBTOTAL \$						

FPPC From 461 (8/99)

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AND
MAJOR DONOR COMMITTEE STATEMENT

Statem	ent covers period	CALIFORNIA	161
from	10/01/2017	FORM	401
through	12/31/2017	3/8	
unougn		1	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

UnitedHealthCare - Corporate - California Major Donor

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
10/09/2017	California Democratic Party Sacramento CA 95811 ID: 741666 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		NO: 区 Support □ Oppose	5600.00	\$ 20600.00 Other \$ 0.00
10/09/2017	Rendon for Assembly 2018 Sacramento CA 95814 ID: 1393414 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		CA Asm. Anthony Rendon State Assembly Person Assembly District Assembly District NO: 063 Support Oppose	4400.00	\$ 4400.00 Other \$ 0.00
12/05/2017	Californians Against State Government Run Head Sacramento CA 95814 ID: 1399352 Reference No:	th ★a ★enetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Single-Payer Healthcare Initiat - ive Statewide NO: Support Oppose	30000.00	\$ 30000.00 Other \$ 0.00
12/22/2017	California Latino Caucus Leadership PAC Sacramento CA 95814 ID: 1321501 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		NO: X Support Oppose	5000.00	\$ Calendar Year \$ 5000.00 Other \$ 0.00
				SUBTOTAL \$		

FPPC From 461 (8/99)

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AND
MAJOR DONOR COMMITTEE STATEMENT

Statement covers period		CALIFORNIA	161	
from	10/01/2017	FORM	461	
through	12/31/2017	4/8		
unougn				

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

UnitedHealthCare - Corporate - California Major Donor

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
12/22/2017	Janet Nguyen for State Senate 2018 Sacramento CA ID: 1373835 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		CA Sen. Janet Nguyen State Senator Senate District Senate District NO: 034 Support Oppose	2300.00	\$ 4300.00 Other \$ 0.00
12/22/2017	Californians for Jobs and a Strong Economy Sacramento CA 95814 ID: 1275549 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		NO: ☐ Support ☐ Oppose	5000.00	Calendar Year \$ 12500.00 Other \$ 0.00
12/22/2017	Burke for Assembly 2018 Scramento CA 95814 ID: 1393348 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		CA Asm. Autumn Burke State Assembly Person Assembly District Assembly District NO: 062 Support Oppose	4400.00	\$ 8800.00 Other \$ 0.00
12/22/2017	Mullin for Assembly 2018 Sacramento CA 95814 ID: 1392828 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		CA Asm. Kevin Mullin State Assembly Person Assembly District Assembly District NO: 022 X Support Oppose	2000.00	\$ 3500.00 Other \$ 0.00
SUBTOTAL \$						

FPPC From 461 (8/99)

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AND
MAJOR DONOR COMMITTEE STATEMENT

Statement covers period		CALIFORNIA	161
from	10/01/2017	FORM	401
through	12/31/2017	5/8	
unougn			

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

UnitedHealthCare - Corporate - California Major Donor

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
12/22/2017	Fong for Assembly 2018 Sacramento CA 95814 ID: 13933014 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		CA Asm. Vince Fong State Assembly Person Assembly District Assembly District NO: 034 Support Oppose	2900.00	\$ 6400.00 Other \$ 0.00
12/22/2017	Fong for Assembly 2018 Sacramento CA 95814 ID: 13933014 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		CA Asm. Vince Fong State Assembly Person Assembly District Assembly District NO: 034 Support Oppose	2000.00	Calendar Year \$ 6400.00 Other \$ 0.00
12/22/2017	Cooper for Assembly 2018 Sacramento CA 95814 ID: 1392388 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		CA Asm. Jim Cooper State Assembly Person Assembly District Assembly District NO: 009 Support Oppose	4400.00	\$ 8800.00 Other \$ 0.00
12/22/2017	Evan Low for Assembly 2018 Sacramento CA 95814 ID: 1392357 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		CA Asm. Evan Low State Assembly Person Assembly District Assembly District NO: 028 Support Oppose	2400.00	\$ 4400.00 Other \$ 0.00
SUBTOTAL \$						

FPPC From 461 (8/99)

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AND
MAJOR DONOR COMMITTEE STATEMENT

Statement covers period		CALIFORNIA	161
from	10/01/2017	FORM	461
through	12/31/2017	6/8	
unougn			

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

UnitedHealthCare - Corporate - California Major Donor

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
12/22/2017	Phil Ting for Assembly 2018 Sacramento CA 95814 ID: 1393484 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		CA Asm. Philip Ting State Assembly Person Assembly District Assembly District NO: 019 Support Oppose	2400.00	\$ Calendar Year \$
12/22/2017	Xavier Becerra for Attorney General 2018 Sacramento CA 95814 ID: 1394091 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Aty Gen Xavier Becerra Attorney General Statewide Statewide NO: Support Oppose	4500.00	Calendar Year \$6500.00 Other \$000
12/22/2017	Monning 2016 Senate Officeholder Account Salinas CA 93901 ID: 1354132 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		CA Sen. Bill Monning State Senator Senate District Senate District NO: 017 Support Oppose	2400.00	\$ 4400.00 Other \$ 0.00
12/22/2017	Re-Elect Senator Atkins 2020 Encinitas CA 92024 ID: 1393189 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		CA Sen. Toni Atkins State Senator Senate District Senate District NO: 039 Support Oppose	4400.00	\$ 4400.00 Other \$ 0.00
				SUBTOTAL \$		

FPPC From 461 (8/99)

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AND
MAJOR DONOR COMMITTEE STATEMENT

Statement covers period		CALIFORNIA	161	
from	10/01/2017	FORM	461	
through	12/31/2017	7/8		
unougn				

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

UnitedHealthCare - Corporate - California Major Donor

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
12/22/2017	Brian Dahle for Assembly 2018 Sacramento CA 95814 ID: 139369 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		CA Asm. Brian Dahle State Assembly Person Assembly District Assembly District NO: 001 Support Oppose	4400.00	\$ Calendar Year \$
12/22/2017	Connie Leyva for Senate 2018 Santa Ana CA 92703 ID: 1374053 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		CA Sen. Connie Leyva State Senator Senate District Senate District NO: 020 X Support Oppose	3000.00	\$ 3000.00 Other \$ 0.00
12/22/2017	Lackey for Assembly 2018 Hilmar CA 95324 ID: 1393205 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		CA Asm. Tom Lackey State Assembly Person Assembly District Assembly District NO: 036 Support Oppose	3000.00	\$ 3000.00 Other \$ 0.00
12/22/2017	Jordan Cunningham for Assembly 2018 Sacramento CA 95814 ID: 1393016 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		CA Asm. Jordan Cunningham State Assembly Person Assembly District Assembly District NO: 035 Support Oppose	3000.00	\$ 3000.00 Other \$ 0.00
				SUBTOTAL \$		

FPPC From 461 (8/99)

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AND
MAJOR DONOR COMMITTEE STATEMENT

Statement covers period		CALIFORNIA	161
from	10/01/2017	FORM	461
through	12/31/2017	8/8	
unougn			

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

UnitedHealthCare - Corporate - California Major Donor

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
12/22/2017	Dr. Richard Pan for Senate 2018 Sacramento CA 95814 ID: 1374053 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		CA Sen. Richard Pan State Senator Senate District Senate District NO: 006 Support Oppose	3000.00	\$ 3000.00 Other \$ 0.00
12/22/2017	Blanca Rubio for Assembly 2018 Sacramento CA 95814 ID: 1392890 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		CA Asm. Blanca Rubio State Assembly Person Assembly District Assembly District NO: 048 Support Oppose	3000.00	\$ 3000.00 Other \$ 0.00
12/22/2017	Pat Bates for Senate 2018 Sacramento CA 95814 ID: 1374577 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		CA Sen. Patricia Bates State Senator Senate District Senate District NO: 036 Support Oppose	4400.00	Calendar Year \$ 4400.00 Other \$ 0.00
12/22/2017	Committe to Improve the Quality of Life in CA California CA 95814 ID: 1385108 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		NO:	5000.00	\$ 5000.00 Other \$ 0.00
				SUBTOTAL \$	123600.00	

FPPC From 461 (8/99)